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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

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Application Number	Filing Date	☐ To be Mailed
10/684,140	10 October, 2003	
Applicant(s) SCHNEIDER ET AL.		Page 1 of 1

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2	X						52						
3		1					53						
4	X						54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	X						61						
12	X						62						
13	X						63						
14	X						64						
15	X						65						
16	X						66						
17	X						67						
18	X						68						
19	X						69						
20	X						70						
21	X						71						
22	X						72						
23	X						73						
24	X						74						
25	X						75						
26	X						76						
27	X						77						
28	X						78						
29	X						79						
30	X						80						
31	X						81						
32	X						82						
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36	X						86						
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48							98						
49							99						
50							100						
Total Indep	1						Total Indep						
Total Depend		7					Total Depend						
Total Claims		8					Total Claims						

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